

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
							B CLAIMS				
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1											
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TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											
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100											
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

42/5

CLAIMS ONLY						SERIAL NO. <b>07/362,397</b>	FILING DATE	
<i>RCE filed</i> <i>Amend C</i>						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
91	1						141	1
92	1						142	1
93		1					143	1
94		1					144	1
95		2					145	1
96		2					146	1
97		2					147	1
98		2					148	1
99		2					149	1
100		2					150	1
101		2					151	
102		2					152	
103		2					153	
104		2					154	
105		2					155	
106		2					156	
107	1						157	
108		1					158	
109		1					159	
110		1					160	
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112		1					162	
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117		1					167	
118		1					168	
119		1					169	
120		1					170	
121		1					171	
122		1					172	
123		1					173	
124		1					174	
125		1					175	
126		1					176	
127		1					177	
128		1					178	
129		1					179	
130		1					180	
131		1					181	
132		1					182	
133		1					183	
134		1					184	
135		1					185	
136		1					186	
137		1					187	
138		1					188	
139		1					189	
140		1					190	
141		1					191	
142		1					192	
143		1					193	
144		1					194	
145		1					195	
146		1					196	
147		1					197	
148		1					198	
149		1					199	
150		1					200	
TOTAL IND.		↓		↓		↓	TOTAL IND.	3
TOTAL DEP.		←		←		←	TOTAL DEP.	68
TOTAL CLAIMS							TOTAL CLAIMS	71

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS